

Relationship of the U. S. Public Health Service to State and Local Health Units

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OUR resources and concepts of public health and public health engineering are being severely tested in World War II. No one who reads the signs of the times can deny that the base of the pyramid upon which public health is erected is broadening. The experiences of the medical and sanitation officers in the military forces, the growing appreciation by the general public of the value of medical and sanitation services convinces us that a new era of federal-state coöperative effort is here.

One of the events which indicates the trend of the times is the action of Congress in providing a broader base of operation for the Public Health Service and for public health engineering through the passage of the Reorganization Act of the U. S. Public Health Service—Public Law 410 of the 78th Congress, approved July 1, 1944. Through one of the provisions of this law, the Sanitary Engineering Division, which is an outgrowth of the former Sanitation Section in the States Relations Division, has been created. It is a Division in the Office of the Surgeon General, where the Commissioned Officers Division, the Dental Division, the

Nurse Education Division, and other administrative officers are located.

There are three other major Bureaus as follows:

1. The Bureau of Medical Services relates to work in the field of curative medicine. Under its direction come the Hospital, Foreign Quarantine, and Mental Hygiene Divisions.

2. The Bureau of State Services includes all the grant-in-aid programs, administered by the States Relations Division, the Venereal Disease Division, and the eleven District Offices.

3. The National Institute of Health carries out all scientific research activities and includes the National Cancer Institute. Several laboratories are housed in well equipped new buildings at Bethesda, Md., the present headquarters of the Service.

The Stream Pollution Investigations Station which formerly came under the jurisdiction of the National Institute of Health has become a part of the Sanitary Engineering Division and is now known as the Water and Sanitation Investigations Station. Assistant Surgeon General J. K. Hoskins, in charge of the division, has plans for building a new laboratory at Cincinnati, Ohio, where coöperative activities with states and industries on industrial wastes and stream sanitation may be undertaken.

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EMERGENCY HEALTH AND SANITATION ACTIVITIES PROGRAM

The war made it necessary for the Service to assist the states in several

hundred war areas. Congress provided \$8,000,000 in 1941 to give this assistance primarily in sanitation work requested by the state health officers. At this time it is of interest to note briefly the accomplishments of the expanded cooperative activities in war areas with the states in the fields of (1) industrial hygiene, (2) malaria control, (3) extension of water and sanitation facilities, (4) typhus fever control, and (5) the orientation of new public health personnel. Public Law 410 authorizes the "Emergency Health and Sanitation Activities" program to remain in force during the demobilization period.

INDUSTRIAL HYGIENE

The industrial hygiene program has had a phenomenal growth due to the wartime demands of industry, governmental agencies and states which requested help and advice. The War Manpower Commission and War Production Board needed assistance while the Army, Navy, and U. S. Maritime Commission requested inspections of hundreds of ordnance plants and shipyards. The states requested help, and to meet the issue, the Division of Industrial Hygiene took the leadership in recruiting, orienting, and assigning doctors, engineers, and chemists to states, and in developing new industrial hygiene units throughout the country. It is reported that at the present time the state industrial hygiene personnel consists of 47 physicians, 187 engineers and chemists, and 23 nurses. This is only a nucleus from which expansion can take place in the field of industrial sanitation.

MALARIA CONTROL

A sanitary engineer has been directing the engineering features of the "Malaria Control in War Areas" programs during 1942 and 1943, and since January 1, 1944, has been in charge of the entire program. Five million dol-

lars was appropriated by Congress for carrying on this joint malaria control program in which the state health departments, the military authorities, and the Public Health Service are cooperating. Eleven hundred and sixty-one Army, Navy, and war connected establishments in 317 counties in 21 states are affected. Malaria, the number one disease of importance in this war from its killing and crippling aspects, is now at its lowest rate in history in the United States. Without this carefully planned and well coordinated program there would be great danger of spread of several virulent strains of malaria brought back from the tropics by the returning military forces invalided home, and by prisoners stationed in prisoner of war camps.

SANITATION IMPROVEMENTS IN WAR AREAS

Congress authorized and appropriated 415 million dollars under the Lanham Act to assist war areas in expanding needed community facilities such as water and sewerage systems, hospitals, and public health centers. Seven hundred and forty-six sanitation projects, including 362 water supply systems, 354 sewerage systems and sewage treatment plants, and 30 miscellaneous sanitary projects have been or are being completed. One hundred and twenty-five million dollars was made available in grants and loans from this 415 million dollar appropriation, to cities and towns who contributed 31 million dollars of local moneys, or approximately 20 per cent. Five hundred and twelve of the projects costing 84 million dollars were in operation at the end of the fiscal year. Typhus fever of the endemic type has been increasing in civilian areas around certain Army camps, and the Service assigned newly acquired personnel, commissioned in the Reserve Corps, to work with cities and states in rat control programs to reduce

typhus fever. Outbreaks of food poisoning in increasing number in these war areas led to requests from the states for additional personnel, both sanitary engineers and sanitarians to improve milk and food sanitation.

ORIENTATION COURSES FOR NEW PUBLIC HEALTH PERSONNEL

To meet these requests, an intensive recruitment and in-service training program was instituted in April, 1941. During the 16 courses held at Bethesda, Md., from 1941 to 1944, 1,012 medical officers, sanitary engineers and sanitarians, public health nurses, laboratory workers, and health educators completed the 4 week course and were assigned to assist state and local health departments. Classification of these new public health workers is as follows:

Sanitary Engineers, Sanitarians, and Veterinarians	351
Medical Officers and Dentists.....	347
Public Health Nurses.....	233
Laboratory Workers	34
Health Educators and Miscellaneous..	47
Total	1,012

The Public Health Service realized that to make these new workers successful, they must grasp and understand the unique federal-state relationship for coöperation in public health activities which has been fostered and developed through many decades of hard work together. Many of the present leaders in the Service have served the states administratively as health commissioners or state sanitary engineers in their earlier careers, and through this experience have a rare sympathy with and understanding of state problems. Two of the instructors at the orientation classes, Dr. A. J. McLaughlin and Lieutenant Stanley Drexler, concisely emphasized points of policy for these new workers.

Dr. McLaughlin said, as he emphasized the police powers of the state:

For practical purposes satisfactory results can be secured by utilizing state power alone, coöordinated with the Public Health Service in a national program. The ideal relation between federal and state governments in public health work should be such as to insure the covering between them of the entire field of public health.

Lieutenant Drexler, speaking on Public Health Law, pointed out that:

The most impressive thing about the study of federal legislation pertaining to public health is the extent to which Congress has leaned over backward to (a) keep the federal government out of the day-to-day public health work, (b) keep the public health worker under control of the states and municipalities, and (c) make the federal government a center of research, a center for the exchange of ideas, and a sort of over-all adviser. Much, if not all of the past prestige of the Public Health Service in the field of federal-state relations has been contained in the persuasive and coöperative powers of the Service rather than in its legal powers.

U. S. PUBLIC HEALTH SERVICE IN ITS PUBLIC HEALTH RELATIONSHIPS WITH OTHER FEDERAL AGENCIES

Just as the emergency health and sanitation program of assigning approximately one thousand new Public Health Service officers to states in World War II was an expansion of a policy successfully used in World War I when a few doctors and engineers were assigned to states, so too the policy of assigning Public Health Service officers to other federal departments was greatly expanded during the present war. Such a policy had been utilized for many years in working on sanitation and public health programs in the National Park Service, the Federal Bureau of Prisons, the Indian Service, and the Farm Security Administration. Now in the war period, Service officers have been assigned to more than 30 departments relating to public health activities in 22 different federal agencies. Two

examples will be given to illustrate how such a policy reacts favorably upon the states and makes for harmony and progress when Service officers with a proper understanding of federal-state relationships are assigned to other federal agencies on public health activities. Standardization of public health administration in all the departments of the federal government is enhanced thereby.

Housing of millions of war workers on construction of Army and Navy establishments and at work in new war industries has been a major problem of this war. Sixteen different housing divisions were working at cross purposes until President Roosevelt by executive order, brought them under one head, the Federal Housing Agency, in 1942. At the request of this agency, a sanitary engineer, a medical officer, and a statistician were assigned to the headquarters office in Washington, and one experienced Service engineer officer was assigned to each regional housing office. Then by tactful and intelligent field work with the state health departments, one by one the troublesome sanitation problems connected with site selections, drainage, water supply and wastes disposal, were solved.

Recently, at the request of Procurement and Assignment Service, War Manpower Commission, a Service engineer was assigned to that agency to work with the states in determining the essentiality of sanitary engineers, and at the same time to cooperate with the Surgeon General's Office, U. S. Army, and U. S. Public Health Service to obtain approximately 300 additional sanitary engineers for the Army and U. S. Public Health Service. Since the Public Health Service is working closely with the states on public health activities, and since the state sanitary engineers are serving as state advisers to Procurement and Assignment Service, War Manpower Commission, this plan

should make for harmony and efficiency in obtaining additional sanitary engineers for the Sanitary Corps of the Army, without endangering civilian public health.

STREAM SANITATION

Another zone of activity where it appears likely that the Public Health Service may continue cooperative work with states and cities in the post-war period is that of stream sanitation. The Ohio River Pollution Survey, a joint undertaking of the U. S. Army Engineers, the states, and the Public Health Service, has been completed and the findings have been published. It furnishes a financial and economic basis for intelligently planning improvements through building sewage treatment and industrial wastes disposal plants in the Ohio Valley. Bills have been introduced in Congress by Senator Barkley and Representative Spence of Kentucky, which are identical and provide for the establishment of certain responsibilities and duties relating to water pollution control in the U. S. Public Health Service. Cooperation with the U. S. Army Engineers and the U. S. Fish and Wild Life Service is provided through the creation of an Advisory Committee of five persons which include two members outside the government.

Under this proposed legislation, appropriations are authorized for grants-in-aid and loans for construction, administrative expenses, and allotments to states for studies necessary in the prevention and control of water pollution. The program would fit admirably into a post-war construction plan. In many states meetings have been held in different sections and preparations are being made for comprehensive stream improvement. This legislation has been designed to hold a middle course between the parties favoring federal control and those preferring state control.

PUBLIC HEALTH ADMINISTRATION IN METROPOLITAN AREAS

Encouraging evidence is at hand that the administration of public health engineering in some of our larger cities is showing definite improvement. Perhaps three factors enter into this result:

1. The establishment of an effective civil service system
2. The selection and appointment, with power to act, of a competent public health engineer who plans and conducts regularly in-service training activities for the members of this staff
3. An improved relationship between the sanitary engineer and the trained qualified sanitarian, who, due to the war emergency, have learned how to work better with each other.

The Public Health Service is endeavoring to promote the extension of civil service systems in cities. As a result of such assistance, given recently to a large western city, meritorious progress is now under way and the public health engineer in charge has achieved a fine spirit among his sanitarians on the staff. Weekly in-service training courses are conducted with excellent results. In another instance a Service officer was assigned to a large eastern city and progress is commendable, aided again by well planned in-service training courses. The Service might give consideration in the post-war period to giving specific help and assistance in the municipal sanitation field upon request. Frequently it has been noticed that the stability evidenced in the state health department engineering organization, through the classification and salary schedules, brought about by the grant-in-aid programs, reaches out into the cities and counties of a state.

TRAINING PROGRAMS TO REBUILD STATE AND LOCAL HEALTH DEPARTMENT STAFFS

It is no exaggeration to assert that the training programs for sanitary en-

gineers and sanitarians carried out with Social Security funds from 1934 to 1941, through training grants by states, produced a reservoir of trained sanitation personnel. From this source the Army, Navy, and Public Health Service have drawn over 1,300 qualified commissioned officers to administer war-time sanitation activities. A splendid unity of purpose and effort has prevailed between the states and the federal services, one factor in which has been the coördinating and stimulating influence of the Sanitary Engineering Committee of the National Research Council. In this body all the military and civilian activities relating to sanitary engineering war needs are brought to a focus, and direct remedial action has been taken when necessary. It is evident that many trained public health engineers have left their civilian life for a career service in the military forces or the Public Health Service. Hundreds of vacancies now exist in city, county, district, and state health department staffs. It appears likely that people with a growing appreciation of the worth of public health will ask for more extensive sanitation services in the fields of industrial hygiene and municipal sanitation after the war. No graduates are coming, or will come from our universities for some years. What then is the answer?

There is only one answer. New long-time training programs will have to be reestablished in the universities. Short-time courses of 3 and 6 months' duration can be set up as refresher courses for some of the men returning from overseas. In-service training courses in state health departments, and food handler training courses in cities, carried on coöperatively by the U. S. Public Health Service and states have demonstrated their usefulness. Training and educational activities are now being launched on a large scale by the government to aid the veterans. With the press-

ing demands for sanitary engineers and sanitarians in civilian health departments, and new training programs being inaugurated, is it not advisable for steps to be taken in each state so that the best possible use may be made of the training facilities and opportunities? Demobilization centers are being established where advice can be given to sanitary engineers returning to civilian life, about retraining and reemployment. Should there not be in each state health department a competent public health engineer charged with the duty of training personnel, ready to

work with the federal and state agencies which administer the new training programs?

Consideration could be given to utilizing, when peace comes, the central Roster for Sanitary Engineers which is now being developed under the imperative war demands to secure sanitary engineers for military service from civilian life.

Perhaps we can then reverse the process and utilize the roster to assist the veterans in reestablishing themselves in the expanded public health activities of peacetime.

Medical Social Work Scholarships

The National Foundation for Infantile Paralysis has supplemented its original grant to enable the American Association of Medical Social Workers to award scholarships for professional education in medical social work effective with the fall terms 1945. The Foundation grant is offered because of the greatly increased need for medical social workers not only in hospital social service departments but in a wide range of programs under governmental auspices offering public health or medical care services for the control of disease and the alleviation of handicap. Although the primary interest of the Foundation is in the control and treatment of infantile paralysis, this scholarship grant is being made available to increase the total supply of well quali-

fied medical social workers in recognition of the fact that medical social work contributes to the rehabilitation of handicapped persons. The current heavy demands from programs for crippled children and for the rehabilitation of veterans and disabled civilians offer a special challenge which can be met only as the number of professionally educated medical social workers is substantially increased.

Application blanks with full instructions may be secured from the deans of accredited schools of social work or from the office of the American Association of Medical Social Workers. The completed application should be returned to the Association office at 1129 Vermont Ave., N.W., Washington 5, D. C., on or before July 20, 1945.